

ARKANSAS INSURANCE DEPARTMENT  
ATTN: ACCOUNTING DIVISION  
1200 West Third Street  
Little Rock, AR 72201-1904  
501-371-2612

**RULE 56**  
**COMPANIES' FINANCIAL REGULATION FEE**  
**REPORT AS OF DECEMBER 31, 2005**

**INSTRUCTIONS FOR FILING COMPANIES**  
**FINANCIAL REGULATION FEE (CFRF) FORM**

**PLEASE READ AND FOLLOW THE INSTRUCTIONS BELOW.**

**THE FORM IS TO BE PRINTED ON LETTER SIZE PAPER ONLY.**

The Companies Financial Regulation Fee (CFRF) is due in the **Accounting Division** of the Arkansas Insurance Department **no later than June 30th of each year**. We **do not** honor the postmark, so make sure that your filing is received by the due date. The form is available from our website only. **Any filing received after June 30th is subject to late penalty. Please do not confuse this fee with the Fraud Assessment fee, also due on June 30th. They are two separate filings and go to different areas.**

**You are required to go to our website each year and download the current year's form.** If you do not have access to the internet to download the form, please inform the Accounting Division, **in writing**, that you will need forms mailed to your company and to what address they should be mailed. **Do not wait until June to notify the Accounting Division of this need.** They will need time to download the form and get it mailed to you, in order for you to complete and mail it back by the due date. **There will be no notice sent that this is due, so please mark your calendar and your files. It is the company's responsibility to file this form on time each year.**

**Under no circumstances are the forms to be reproduced, altered, or changed.** This means that the form cannot be reproduced on your computer nor should you white out or cross out words that do not pertain to you. It is not a multiple choice form. **You must file on the original form, handwritten or typed, with original wet signature. The form is not designed to be filled out on the computer. It must be printed and then filled out. We do not accept software-produced forms. You must use our form.**

**Please make note that it is no longer required for this form to be notarized.**

**All checks must be made payable to:**  
**THE STATE INSURANCE DEPARTMENT TRUST FUND.**

**Return the form with a company check to:**  
**Arkansas Insurance Department**  
**Attn: Accounting Division**  
**1200 West Third Street**  
**Little Rock AR 72201-1904**

Submit one form and one check for each company. If you send one check for several companies, it will not be accepted and will be returned.

**DO NOT SEND A COPY OF YOUR ANNUAL STATEMENT PAGE.**  
**IT IS NOT NEEDED FOR THIS FILING. DO NOT SEND THE INSTRUCTION PAGES.**

# Arkansas Insurance Department

**TO:** ALL LICENSED INSURERS, HEALTH MAINTENANCE ORGANIZATIONS, FARMERS MUTUAL AID ASSOCIATIONS, FRATERNAL BENEFIT SOCIETIES, HOSPITAL AND MEDICAL SERVICE CORPORATIONS, STIPULATED PREMIUM PLAN INSURERS, RECIPROCAL INSURERS, TITLE INSURERS AND PREPAID LEGAL INSURANCE COMPANIES

**FROM:** ARKANSAS INSURANCE DEPARTMENT

**SUBJECT:** ANNUAL PAYMENT DUE NO LATER THAN JUNE 30, 2006 UNDER RULE 56  
AS TO ADMINISTRATIVE AND REGULATORY FEES BASED UPON ARKANSAS  
PREMIUM VOLUME

It is time for payment of the annual administrative or regulatory fee under Rule 56, due in 2006 from your Company, HMO, Society or Association, and based on your premium or co-payment volume in the State of Arkansas during calendar year 2005.

Use reporting Form AID AC CFRF and return it to the Department with your fee **BEFORE OR BY JUNE 30, 2006**. **We do not honor the postmark so ensure delivery is on time please.** **Do not send with any other type of filing or payment.**

The Form AID AC CFRF lists premium volume amounts as well as the fee amount due for your convenience, as mandated by Act 652 of 1993 codified as Arkansas Code Ann. § 23-61-703 in pertinent part, and Rule 56. **If your Company is under supervision, suspended licensure in Arkansas or any other state, or court-ordered conservation/rehabilitation/liquidation, then simply note on the form, sign it as requesting an exemption, and return the form to this Department promptly. YOU STILL HAVE TO FILE THE FORM BY THE DUE DATE.** The Commissioner has issued Order Number 95-31, signed April 3, 1995, to grant automatic waivers to any eligible licensee in this situation, and this will ensure we note our records accordingly. Your domiciliary department or Receiver/Deputy Receiver may sign this form on your behalf. Please direct your calls to our Legal Division at (501) 371-2820 if you wish to obtain a copy of this Order or have other legal questions. **If you have questions about the form, call our Accounting Division at (501) 371-2612.**

For those insurers writing only reinsurance here or otherwise writing no direct Arkansas premiums or co-payments due to inactivity or for any other reason under still active licensure in 2005, **pay the minimum amount of \$500 due as Act 652 of 1993 mandates.** **Annuity considerations are to be included in calculating this fee amount under that Act also.**

**Return the Form with a company check to:**

Arkansas Insurance Department  
ATTN: ACCOUNTING DIVISION  
1200 West Third Street  
Little Rock, AR 72201-1904

# Arkansas Insurance Department

ACCOUNTING DIVISION  
1200 WEST THIRD STREET  
LITTLE ROCK AR 72201-1904  
(501) 371-2612  
[www.arkansas.gov/insurance/](http://www.arkansas.gov/insurance/)

5 Digit NAIC Number \_\_\_\_\_

Name of Person  
Filling Out Form \_\_\_\_\_

Phone Number  
Of Person Above \_\_\_\_\_

**CHECK MUST BE MADE PAYABLE TO: THE STATE INSURANCE DEPARTMENT TRUST FUND. SEND ONE CHECK FOR EACH COMPANY'S FORM. DO NOT SEND THIS FORM & PAYMENT WITH ANY OTHER KIND OF FILING.**

\_\_\_\_\_  
(Name of Company, HMO, Society or Association)

\_\_\_\_\_  
(Street Mailing Address only of above Company, HMO, Society or Association. **No PO Boxes please.**)

<u>*PREMIUM AMOUNT</u>	<u>ANNUAL FEE</u>	<u>*PREMIUM AMOUNT</u>	<u>ANNUAL FEE</u>
<u>\$0 (None)</u>	<u>\$500</u>	<u>\$10,000,000 - \$19,999,999</u>	<u>\$10,000</u>
<u>\$1 - \$499,999</u>	<u>\$750</u>	<u>\$20,000,000 - \$29,999,999</u>	<u>\$12,000</u>
<u>\$500,000 - \$2,499,999</u>	<u>\$1,000</u>	<u>\$30,000,000 - \$49,999,999</u>	<u>\$15,000</u>
<u>\$2,500,000 - \$4,999,999</u>	<u>\$2,500</u>	<u>\$50,000,000 - \$74,990,999</u>	<u>\$17,500</u>
<u>\$5,000,000 - \$7,499,999</u>	<u>\$5,000</u>	<u>\$75,000,000 - \$99,999,999</u>	<u>\$20,000</u>
<u>\$7,500,000 - \$9,999,999</u>	<u>\$7,500</u>	<u>\$100,000,000 AND UP</u>	<u>\$25,000</u>

\*FROM ANNUAL STATEMENT, ARKANSAS  
PAGE DIRECT WRITTEN PREMIUMS (2005)

\$ \_\_\_\_\_

AMOUNT OF ADMINISTRATIVE AND  
FINANCIAL REGULATION FEE ENCLOSED

\$ \_\_\_\_\_

The person signing below states that the above figures are true and correct to their knowledge for the reporting period January - December 2005.

Signed By: \_\_\_\_\_

Title of Person Signing form: \_\_\_\_\_